

THE JOURNAL OF
OLD NORTH STATE MEDICAL SOCIETY

"DEVOTED TO THE PROGRESS OF MEDICINE"



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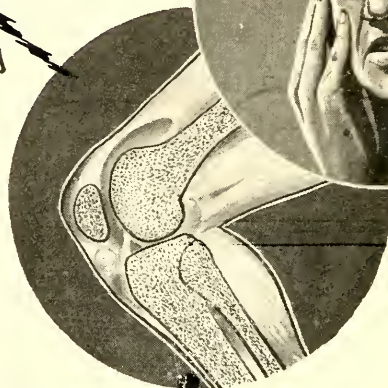
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FOREWORD

The JOURNAL staff wishes to express its sincere thanks for the encouragement and commendations received from the members of the Society since the publication of the October issue. It has made us look forward to making the JOURNAL bigger and better in every way. Keep those letters and news notes coming our way so that we may serve you well.

We wish to extend to all of our membership and to the members of the Auxiliary sincere wishes for a pleasant holiday season. May the Lord guard and guide us all in this His birthday time.

EDITORIAL STAFF

Published in Raleigh, N. C., four times a year — October, December, March and June

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EDITOR'S PAGE

A ROSE BY ANY OTHER NAME . . .

The recent "investigation" of the disgraceful accident involving patients at the State Hospital in Goldsboro brought out some new and startling facts which should be questioned by the membership of the Old North State Medical Section. It is extremely doubtful to even a layman that overcrowding of a truck is no sign of negligence. It is an insult to the intelligence of the thinking people of the state to consider cotton picking as occupational therapy. As for voluntary participation in this activity, one fails to see how an admittedly mentally incompetent can exercise the necessary judgment to volunteer.

A formal protest from this organization is very definitely in order and should be sent to Governor Hodges as soon as possible. Involuntary servitude is still slavery and cotton picking as a means of restoring mental health is still ridiculous.

WE STAND CORRECTED

Elsewhere in the JOURNAL is a letter from one of our old members and one of the Society's biggest boosters. We have tried in this issue to correct a part of the situation to which he refers and it is hoped that the other criticisms mentioned by Dr. Garrett will be taken in the same spirit in which they are given. It must be said, however, that the Pharmaceutical Section must keep this office aware of its achievements and activities if we are to give the coverage evident in this issue. We are justly proud of our pharmacists and we want to hear more from them.

We cannot resist the opportunity to urge others of the Society to write in peevish and comments and suggestions such as these.

WHOM DOES IT CONCERN

At the Executive meeting in Durham on October 26, the Committee took a long and hard look at the present status of our Society, both financially and professionally. The result was the appointment of a Budget Committee to assist in the revamping of our business proceedings and numerous suggestions for making the Society stronger. This is not the responsibility of the Executive Committee alone, but of every member of the organization. The officers can only do what you are willing to work for, pay for, and approve. Surely the long record of struggle for recognition of the Negro professional man justifies not only financial but also active support of the Old North State Society.



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TENTH ANNUAL LINCOLN HOSPITAL POST GRADUATE CLINIC



Tenth Annual Lincoln Post Graduate Clinic

The tenth annual postgraduate clinic jointly sponsored by the Old North State Medical Society and Lincoln Hospital was held at Lincoln Hospital on October 26, 1955. Under the practiced guidance of Drs. Clyde Donnell, R. P. Randolph, W. A. Cleland, C. D. Grandy and C. D. Watts and Mr. Frank Scott, a full and informative program was presented.

Among the speakers were Dr. Jack Hughes, Chief of the Urological Service at Lincoln Hospital and Dr. William M. Nicholson, Professor of Medicine at Duke Medical School and Director of the Duke Hospital Diabetic Service. Dr. Susan C. Dees spoke on Pediatric Allergy, a subject in which she is a nationally recognized authority and Dr. David Smith, one of the originators of the Lincoln Clinic discussed some aspects of Geriatric practice. A panel discussion of the treatment of Peptic Ulcer given by a team from Duke University, rounded out the day's activities.

Approximately fifteen national drug companies placed exhibits for the conference which were well displayed and well attended.

Fifty physicians representing communities in North Carolina, South Carolina and Virginia were in attendance at the clinic.

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A Letter To The Editor

Garrett's Biltmore Drug Store
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November 14, 1955

TO: Dr. C. B. Middleton, Editor of Journal
Old North State Medical Society
Dr. W. T. Armstrong, Secretary-Treasurer
Old North State Medical Society

My Dear Doctors:

We are in receipt of the Journal, October, Volume V from our Editor, and a letter to the membership from the office of the Secretary Treasurer. My assumption is that these are the first releases of yours from your respective offices. I heartily congratulate you on a swell job well done and thank you for it. The Journal was done in keeping with the high standard set up by the preceding Editor. It was both entertaining and informative. Let us urge you to keep up the good work.

The receipt of the letter from the Secretary-Treasurer to the membership, I thought, was unusually well done and reflects a great deal of credit on the office as well as on the State Society which had the foresight to pick him to fill this important position. I read and reread the letter and enjoyed its every paragraph and was delighted to be informed of the many nice things that are in store for the members of the Old North State Medical Society. I promise you my whole souled support financially and otherwise; the same kind of support we have tried to render since 1921, for during that time we have only failed in attendance and registration at one annual meeting, that one in Asheville several years ago.

In passing though, I would like to make one suggestion to pass on to all the officers of the Old North State Medical Society. That is; that this is a Bi-Professional Society and in any and all deliberations where the complete Society is concerned, both professions should always be considered and represented in its deliberations and appointment. As I remember in the old days, this consideration was always accorded, but more recently there has been a tendency for the chair to disregard this important matter in his appointments. I hold the position that the Secretary-Treasurer is the Secretary-Treasurer of the entire membership and in expending funds of the Society should accord the same mention, courtesy and exhortation to both its National Organizations.

The National Pharmaceutical Association's dues are \$7.50 for members, plus \$7.50 for members who register at the National Convention. We feel that a news letter such as the one recently released by the Secretary-Treasurer should carry this information impartially and with the same prominence, given the National Medical Association membership.

At our Annual Convention in Cleveland in August, 1955, three members of the Old North State Medical Society served as officers, namely: President, President-Elect, and Chaplain. It is customary for most state societies, having members affiliated with the N. Ph. A., to carry constituent membership in said organization. Imagine our embarrassment when the Credential Committee made its report and our State Society had failed to register or pay its dues. In all fairness though, I must say I'm glad to report that this was the first time this oversight had occurred.

Please accept my ravings in the same constructive spirit that I offer them and believe me when I again promise my whole hearted support to you and the Society in accomplishing the aims that the present administration has planned.

Very sincerely yours,
York D. Garrett, Phar. D.
Durham, North Carolina

From The Pharmaceutical Section

We were saddened beyond words of expression, when we received word of the passing of our dear friend, member and past President of the Old North State Medical Society, Dr. Sterling Hogans. To mention his death may be out of place, but the highest esteem I held him makes me speak out at this time.

He was president of our Society during a very difficult time of our history. I had the pleasure of working with him on special committees and the Executive Board, and in helping to make and shape policies for our great Society. His tact, fairness, clear thinking and devotion to the welfare of the Old North State Society drew us to him in a bond of friendship and admiration. The entire Society knew him as a great orator, and a wit of no mean proportions, but I learned to know and love him for the great qualities of character he showed. I shall always remember him as Mr. Orator, Mr. Statesman, Mr. Diplomat. Mr. Sagacity and the fountain of human kindness. Yes, Sterling Hogans is dead. Long Live Sterling Hogans. He was my friend.

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National Pharmaceutical Association

1955 Convention

The Ninth Annual Convention of the National Pharmaceutical Association was held at the Manger Hotel in Cleveland, Ohio, August 2-3-4. The principal resolutions approved by the convention was as follows: (1) the establishment of one-day regional seminar meetings for each of the five zones, to be held at mid-year; (2) application for life membership in the N.A.A.C.P.; (3) the organization of a student recruitment program by each of the 22 local associations with the cooperation of local store owners; (4) the establishment of local public relations programs, using the local press, and (5) the appointment of a general counsel for the Association.

In his presidential address, Mr. Hairston, who is a charter member of the association, traced the organization and development of the association; he urged all members to contribute news-worthy items to the Journal and assume some of the responsibility of community and civic leadership. He suggested a program of public relations which would focus attention upon courtesy, professional service, clean and attractive stores, and a concern for the welfare of the patient.

The convention also approved two committees to study (1) the establishment of a pharmacy institute on drug store management in cooperation with Howard University, and (2) the question of pool buying by local associations.

St. Louis, Missouri was selected as the tentative location for the 1956 convention.

Mr. Maxwell James, Manager of Wholesale Sales, Lederle Laboratories, in his discussion of public relations for the pharmacist stated that — 1. Good will, 2. Good acts, and 3. Making both the good will and the good acts known to the public were important. He stated that, "Prescription departments must convey to the customers assurance of sanitation, care, accuracy and scientific knowledge. If I were to suggest a decorative motif for prescription departments today, it would include the microscope and the test tube."

Dr. Roy C. Darlington, Professor of Pharmacy, Howard University, in his presentation discussed some of the responsibilities of pharmacists

and emphasized the need for better public relations and professional attitude on the part of pharmacists. He strongly urged participation in community and civic affairs and a positive program of student recruitment by all pharmacists and local associations. In a second paper, "Filled exactly as Written," Dr. Darlington discussed several ophthalmic and nasal prescriptions. It was pointed out very clearly that in many instances such prescriptions required the know-how and technique of professional pharmacists and that filling exactly as written without the application of modern principles of compounding would nullify the therapeutic intent of the prescriber.

Mr. Henry R. Peters, retail pharmacist from Washington, D. C. discussed planned and systematic buying. This paper emphasized the necessity of stock control, budget buying, the proper time to buy and the services available from the local wholesale distributor in operating a well organized pharmacy.

Mr. Newell Stewart, Executive Vice President of the National Pharmaceutical Council, Inc., discussed "What National Brands Mean to You." Mr. Stewart in commenting on national brands pointed out that out of 57 pain relievers, 9 represent 57% of sales; of 144 cough and cold remedies, 10 represent 42% of sales; of 253 laxatives, 10 represent 41% of sales; of 128 oral hygiene items 9 represent 48% of sales, and of 73 shaving products, 10 represent 52% of sales.

A panel from the Eli Lilly Company presented a coordinated discussion on merchandising for prestige and profit, market research and how to keep more of today's drug store dollar. The panel consisted of Mr. J. W. Lansdowne, Manager, Customer Promotion Services; Mr. K. F. Griffith, Director of Market Research and Mr. John F. Lee, Director of Sales Personnel Relations. Each of the three speakers discussed location, competent personnel and efficient management as related to their department. Mr. Lansdowne—"Statistical information, as well as changing buying habits, indicate that our future success and prosperity lies in professional service."

Dr. Gordon A. Granger, Associate Medical Director, Food and Drug Administration, Department of Health, Education and Welfare discussed the role of government as it effects the practice of pharmacy. After

discussing the Food, Drug and Cosmetic Act of 1938 and the Durham-Humphrey Act of 1951, Dr. Granger made the following observation:

“As one reflects on the role of Government as it affects the pharmaceutical industry and profession it seems unavoidable not to view the larger question of the essential role of our democratic form of government. Its only purpose, its basic purpose, is the common good, and without undue poetic license, to insure our common protection—social, military and health, any other role for government is wholly inconsonant with all that we and our forefathers could contemplate with tranquility, satisfaction, or security.”

Mr. R. J. Ripberger of the Bureau of Narcotics, discussed current legislation regarding narcotic laws and regulations. Considerable time was devoted to the amendments approved August 1954 relative to oral prescriptions containing narcotics, but having little or no addiction liability.

Dr. Charles H. Garvin, a member of the faculty of Western Reserve University, addressed the closing banquet on the subject — “Africa’s Contribution to our armamentarium of Modern Drugs.” During the scholarly and informative presentation Dr. Garvin made many references to our present day drugs and he was able to trace their origin and first usage to the African tribes. The subject is one of the many interests of Dr. Garvin and at a later date the full text of his address will appear in the Journal of the National Pharmaceutical Association.

In addition to the annual banquet the Cleveland Pharmaceutical Association entertained the convention on Tuesday evening August 2, and at noon Wednesday, August 3, Mr. William G. Porter entertained the officers and directors at a luncheon, courtesy of the Anheuser-Busch Company.

The following officers were elected:

President—York D. Garrett, Durham, N. C.

President-Elect—Spurling Clark, Indianapolis, Ind.

First Vice President—Beulah Stith, Detroit, Mich.

Second Vice President—Goodsell Waters, Jersey City, N. J.

Recording Secretary—Elizabeth H. Greene, Detroit, Mich.

Executive Secretary—Chauncey I Cooper, Washington, D. C.

Treasurer—William S. Woodard, Newport News, Va.

Members-at-Large of the Executive Committee:

Jerry H. Rhodes, St. Louis, Mo.

Howard L. Burley, Nashville, Tenn.

Rufus Hairston, Winston-Salem, N. C.

Historian—Emil LaBranch, New Orleans, La.

* * * * *

NEWS BULLETINS

Wake County voted \$5,000,000 Bond issue December 13, for construction of General Hospital in Raleigh.

Among North Carolina Hospital receiving Ford Foundation funds were: Good Samaritan, Charlotte; Lincoln, Durham; Richardson Memorial, Greensboro; Saint Agnes, Raleigh; and Good Shepherd, New Bern.

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Dr. C. L. Hunt discusses paper with Dr. Newton Pritchett(C) and Dr. William De Maria. Dr. Pritchett's discourse on essential hypertension is presented in this issue.

THERAPY FOR VARIOUS PHASES OF ESSENTIAL HYPERTENSION

MILD	REDUCE OVERWEIGHT ADEQUATE REST RAUWOLFIA MILD SEDATION AVOID EXCESSIVE SODIUM
MODERATELY SEVERE (LABILE)	REDUCE OVERWEIGHT ADEQUATE REST RESTRICT SODIUM 200-400mg/day Rauwolfia <div> <div>CRUDE ROOT 100-200 mg/day</div> <div>or</div> <div>RAUWOLFIA ALKALOID</div> <div>.25-2 mg/day</div> </div> <div> <div>or</div> <div>RAUWOLFIA plus VERATRUM VIRIDE — ALKALOID</div> <div>.25 mg t. i. d or VERILOID</div> <div>2 mg t. i. d.</div> </div>
SEVERE (STATIC)	REDUCE OVERWEIGHT ADEQUATE REST REDUCE RESPONSIBILITIES RESTRICT SODIUM 200 mg/day ANSOLYSEN — up to 200 mg/day RAUWOLFIA ALKALOID .25 mg t. i. d.
MALIGNANT	ANSOLYSEN AND/OR SYMPATHECTOMY

Figure 2

	Class 1	Class 2	Class 3	Class 4
B. P. Diastolic Lability	96-110	111-125	126-140	140 plus
% Cardiac Enlargement	5-10	11-20	21-30	31 plus
Albuminuria	Tr-1 plus	2 plus	3 plus	4 plus
B. U. N.		21-30	31-40	41 plus
% BPS (20 min.)	31 plus	21-30	16-20	10-15
Fundi	Gr. I	Gr. II	Gr. III	Gr. IV
Heart	Normal	Left vent. hyper. or angina	2 plus congest. failure	Intensi- fication of No. 3

Figure 1. Severity Index

THE MANAGEMENT OF ESSENTIAL HYPERTENSION*

DR. NEWTON G. PRITCHETT

**Read at June 1955 Convention*

It is not always clear which, or what combination of therapies should be applied in the individual case of essential hypertension. Therefore the status of the hypertensive vascular patient must be evaluated through careful observation.

I believe that in order to arrive at the correct diagnosis it is desirable to have a complete history, physical examination including the examination of the ocular fundi for evidence of vascular damage, blood pressure in both arms and in one thigh, roentgenograms of the chest and heart for cardiac size, twelve lead cardiogram, phenolsulfonphthalein test, blood urea nitrogen concentration, urine for albuminuria, lability of the diastolic blood pressure under heavy sedation and intravenous pyelogram.

With the results of these tests one must now attempt to grade the severity of the cardiovascular abnormality (Figure 1). This affords the physician a means by which he may follow the progress of the disease, and a guide in selecting therapy appropriate to the severity of the disease.

Now let us turn to treatment in terms of severity classification. First, let us consider the Grade I labile hypertensive. Certain basic measures are applicable to practically all hypertensive patients. The first of these is the reduction of overweight. The beneficial effect on hypertension and the mortality rate by weight reduction is now universally accepted. It is also important to reassure the patient. Persons with essential hypertension are often tense, restless and emotionally labile. These measures plus small doses of barbiturates or Rauwolfia preparations, are all that I use in the treatment of most persons with Grade I hypertension while I observe the course and estimate the progress of the disease.

Moderately severe, but relatively labile hypertension, that is the Grade II and III represents over 50% of the hypertensive patients. The regime should include sodium restriction to 200 mg a day. Because of the unpalatability of such a diet it is a difficult one to administer unless the physician has great interest, confidence and knowledge of low salt diets. Evidence is available that such restrictions of sodium will lower the blood pressure in one third to one half of the patients who will accept it for a period of two months.

To this regime I add Rauwolfia or one of its derivatives, all of which are very similar in action, whether they be crude root Raudixin or the purified alkaloid reserpine, which now is available under the fol-

lowing different trade names: Serpasil by Ciba, Reserpoid by Upjohn, Rau-sed by Squibb and Sandril by Lilly.

Rauwolfia acts on the midbrain as a sedative or relaxing drug. It promotes a feeling of relaxation and a diminution in anxiety and compulsiveness. It slows the heart and lowers the peripheral resistance and blood pressure moderately. There is no evidence that it causes tolerance or addiction. The common side effects of Rauwolfia are drowsiness, nasal stuffiness and increased motility of the bowel. There are no severe toxic reactions in the usual dosage ranges.

The hypotensive effect, tranquilizing action and low toxicity of Rauwolfia qualify this drug as one of the best in the mild forms of hypertension. It is very effective in the labile neurotic hypertensive patient with tachycardia, not only in lowering the blood pressure and slowing the pulse rate but also in relieving symptoms, particularly anxiety, headache, irritability, palpitation and dizziness.

Rauwolfia is given by mouth, the crude root 100 mg or reserpine .1 mg one to four times daily.

Veratrum, the second drug to be considered, is considerably more powerful in lowering blood pressure than Rauwolfia. It has no action on the brain or sympathetic ganglia, but it does slow the heart and dilate the blood vessels through neurogenic reflexes. Its most objectionable side effects are nausea and vomiting and occasional severe postural hypotension. Again, crude veratrum and its various derivatives and alkaloids are all clinically quite similar in action. The trade names on the veratrum drugs are Veriloid and Protoveratine. They can be given by mouth one to four times daily. As examples of starting doses, one could give .25 mg of protoveratrine or 2 mg of veriloid four times daily. Because blood pressure reduction with veratrum preparations is intermittent, and frequently cause nausea and vomiting in full doses, I have curtailed their use sharply as a primary treatment for hypertension, and use the Rauwolfia products almost exclusively. Veratrum intravenously in hypertensive encephalopathy is a very useful drug. I will refer to this later in my talk.

The third drug on the list is hydralazine with the trade name of Apresoline which speeds up the pulse and dilates the circulation. Unfortunately it can cause some objectionable side effects, notably head ache, palpitation, angina pectoris and a collagen-like disease with arthritis fever and rash. However, all of these disappear on stopping the drug. While there is no question that hydralazine can cause trouble it is on the other hand a most useful hypotensive agent in certain patients. It is especially useful when given in combination with Rauwolfia. Apresoline is given orally and is started in a low dosage, for example 10 or 25 mg four times daily. The dosage is built up gradually until the pressure breaks which may occur on the addition of as little as 50 mg of the drug a day

or a dosage of 500 mg may be reached without effect. There is little point in giving over 500 mg a day.

Next is the severe and static group with relatively fixed diastolic pressure. Sodium restriction should be rigid. Let me stress that all other hypotensive measures are made more effective if sodium intake is reduced. Here I use the ganglionic blocking drugs. There are two available, namely hexamethonium and Ansolysen. I have discontinued the use of oral hexamethonium because of its irregular absorption from the bowel and unpredictable effects on the blood pressure. Ansolysen gives a much smoother control over the blood pressure levels.

The characteristic effect of Ansolysen is a lowering of the blood pressure in the upright position, with much less lowering in the supine position. For this purpose a long acting drug such as Rauwolfia is given in combination with Ansolysen for a long term background control.

Because the difference between the effective dose of Ansolysen and one which causes undesirable hypotension is very small, being as little as 10 mg, each patient's problem must be individualized, and I believe the program should always be started in the hospital where the blood pressure levels can be observed closely. When the optimum dosage is found the patient can then be discharged to be followed in the doctor's office. I advise my patients to stand motionless for two minutes at the time of the peak drug action which is about 2½ hours after the administration of the drug. If there is weakness or slight faintness which disappears immediately with activity, they are at or near proper dosage levels. If the patient is very faint or has no effect I adjust the dosage.

The side effects are constipation, blurring of vision and dryness of the mouth. These symptoms can be prevented by giving the patient pilocarpine nitrate 5 mg three times daily.

Ansolysen is given in two main doses, half hour before breakfast and before the evening meal. A small supplementary dose may be taken before the mid day meal. My regime now is to give a rauwolfia alkaloid .1 mg two to four times daily and Ansolysen twice daily. (Figure 2.)

In hypertensive crisis and encephalopathy which is seen during bouts of acute glomerulonephritis, in eclamptic patients and malignant hypertension, modern anti hypertensive drugs, if used properly, are far superior to older methods of magnesium sulfate or hypertonic glucose previously used in treating these complications. The most effective drugs are veratrum and Ansolysen. Veratrum is given intravenously in the form of Veriloid. One cc contains, 4 mg of Veriloid and one uses .15 cc per 10 pounds of body weight, the amount diluted in physiologic saline solution to 10 cc. The solution is injected slowly until the desired effect is achieved, or Protoveratrine may be given intravenously, 100 micrograms diluted in 10 cc of saline and injected slowly.

Ansolysen can be administered intramuscularly until the desired effect is obtained. Other authorities use 15 to 25 mg of Apresoline intravenously every one to two hours depending on blood pressure response

and change to intramuscular or oral therapy as soon as possible.

Sympathectomy is indicated in a very small percentage of patients with severe and progressive hypertension and this measure sensitizes the patient to the effects of conservative hypertensive measures.

There is a question whether 1. an untreated hypertensive who has just had a cerebral accident should be treated or 2. if already under anti-hypertensive treatment, he should have it continued during the acute period of the stroke. These are problems which cannot be answered with finality at this time. Theory would suggest that blood pressure lowering would be beneficial in a person suffering from acute cerebral hemorrhage, probably not beneficial in one who has had acute cerebral thrombosis. I have attempted to treat hypertensive patients with cerebral vascular accidents in accord with this reasoning, using parenteral hexamethonium or Ansolsen in the acute stage in doses sufficient to lower the blood pressure if hemorrhage is suspected. When hypertensive patients are seen some time after the acute cerebral vascular accident, I avoid starting vigorous antihypertensive therapy for at least 6 to 10 weeks after the stroke chiefly in order that collateral vessel formation not be endangered. Many hypertensives with strokes particularly the severely arteriosclerotic ones are not treated with the more active hypotensive agents unless they have pressing complications.

When congestive heart failure is primarily due to hypertension, treatment with hypotensive agents can be most gratifying. As peripheral resistance is lowered, cardiac work is diminished. Results of the lessened load soon become apparent in relief of dyspnea, diminution of cardiac size, improvement in the EKG and relief of angina. At times congestive failure is corrected without the addition of digitalis. If digitalis is used during the initial treatment of congestive failure, it is my practice to discontinue its use as soon as significant hypotension has been achieved—usually within one month.

Apresoline which increases cardiac work and which may increase anginal pain or precipitate failure should be used with caution in the presence of cardiac complications.

Time will permit only a passing word on malignant hypertension with azotemia. Methonium drugs accumulate in the body and become unpredictable, surgery of all forms is distinctly contraindicated, low sodium diets often accentuate body sodium deficits due to salt losing nephritis. The only practical approach has been to offer these patients a diet high in fat and carbohydrates and low in protein 20 gms per day.

I would like to conclude by saying that never before has the outlook for the hypetensive patient been so favorable. Barring renal decompensation one or the other or a combination of measures when suitably applied will restore the blood pressure to relatively innocent levels and possibly affect favorably the general vascular changes in most patients suffering from essential hypertension.

News Notes For North Staters:

Two prospective members of the Old North State Medical Society applied for membership in September . . . Rafael E. Simmons and Charles D. Watts, Jr. Congratulations to the new parents, Dr. and Mrs. James Simmons of Sanford and Dr. and Mrs. Charles Watts of Durham.

Dr. W. B. Pettiford of Raleigh has been confined to his home for several weeks by illness.

Dr. George C. Debnam of Raleigh has entered the Armed Service and has been assigned to overseas service.

Welcome to two new practitioners in our area: Dr. James E. Thomas has opened offices in Raleigh. A graduate of Shaw University and Meharry Medical College, Dr. Thomas served an internship at St. Agnes in Raleigh and two years of residency in internal medicine at Tuskegee Veteran's facility. He is married to the former Miss Dorothy Connor of Raleigh.

Dr. Frederick Bryant, a native of Rocky Mount, has opened his office in Nashville, N.C. Dr. Bryant is a graduate of Meharry Medical College and served his internship at St. Agnes. He is married to Dr. Katherine Rainbow of Rocky Mount and has one son, Frederick, Jr.

A newcomer to Raleigh is Dr. Jose Ramos, pharmacist at Hamlin's Drug Store in Raleigh. Dr. Ramos is a graduate of Howard University of Pharmacy.

Attending the post graduate course in Pediatrics at the University of North Carolina are Drs. W. T. Armstrong and J. W. Parker of Rocky Mount and Dr. C. B. Middleton of Raleigh.

Dr. N. L. Perry of Raleigh recently served on the Founder's Day committee at Shaw University.

Of interest to Howard University graduates is the recent organization of the Medical Alumni Association with headquarters at the College.

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Message From Secretary-Treasurer

Dear Colleague:

This is the Xmas season and we sincerely hope for you and yours the very best of everything.

We are sure that you are anxious to know just what is going on in your society and just as we promised to write and write you about matters pertaining strictly to this office we also promised to keep you alerted to other happenings that may concern you. First, let us report that a second post-graduate course in some phase of medicine is to be given at the Medical School of the University of N. C. sometime following the Xmas holidays. You will be notified as to the time, subject and the days of the courses in sufficient time for you to make plans to attend. Secondly, we would like to report that we are beginning to get the information cards back which we requested in an earlier letter. These cards are most important and we urge you to file them with us IMMEDIATELY if you have not already done so. Along with these cards we have also received a few checks for the 1956 dues for the State Society and some payment of fees for the National Medical Association. However the replies to the cards and the checks have not been up to our hopes and expectations but we have faith that after a few more reminders we shall have all of the pharmaceutical and medical men in the state listed as per our request.

Then too, we owe an apology to our pharmaceutical members and we hasten to make it here along with a letter which you have already received. Because we did not know that the Pharmacists had been paying their national dues through the Secretary's office we did not request that they send their dues (National) to us along with the State dues. We were just recently notified that this procedure had been followed in previous years and we humbly apologize for the omission. Truly, my colleagues, it was a sin of omission rather than one of commission. We take this opportunity to apologize and urge the Pharmacists to send their National dues of \$15.00 along with their 1956 State dues and we shall be most happy to forward it to National headquarters for you.

I need not tell you that the Program Committee has already started work on the 1956 clinical sessions scheduled for Charlotte in June 1956. We have been told that the interest there is very high and all indications point to a banner meeting in the Queen City. Along this same line we would like to announce that your 1956 membership cards will be in the mails soon. Should you not receive yours it might just be due to the fact that this office just has not received your check for the 1956 payment of dues.

We do not like the idea of spoiling the Xmas spirit but truly we don't know of a better Xmas present that the Secretary-Treasurer's office could get than a check for your dues (State and National) from both the Medical and Pharmaceutical members of our society.

Again we say "Best Wishes For a Very Merry Xmas and Most Prosperous New Year."

Sincerely,
W. T. Armstrong, M. D.
Secretary-Treasurer

GREETINGS TO NEW EDITOR

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DURHAM, NORTH CAROLINA

LOCAL SOCIETY NEWS

DURHAM ACADEMY OF MEDICINE

The October meeting was held at the Biltmore Hotel with Dr. C. D. Watts presiding. The program consisted of reports from delegates to the various national conventions. Dr. C. D. Grandy reported on the medical convention in California, Dr. Hunter reported on the dental convention and Dr. York Garrett reported on the pharmaceutical convention in St. Louis.

The following officers were elected: President, Dr. L. R. Swift; Vice president, Dr. E. P. Norris; Secretary, Dr. C. D. Grandy; Treasurer, Dr. Clyde Donnell; Reporter, Dr. Campbell; Chairman Program Committee, Dr. C. D. Watts.

L. A. SCRUGGS MEDICAL SOCIETY

The L. A. Scruggs Medical Society has held two meetings this year. The October meeting was devoted to an informal discussion of the proposed general hospital for Wake County, for which a bond issue will be held in December.

The November meeting involved the discussion of several local problems and the election of the following officers for the year: President, Dr. C. B. Middleton; Vice President-Secretary, Dr. C. L. Hunt; Treasurer, Dr. R. S. Vass.

ROCKY MOUNT ACADEMY OF MEDICINE

Two very interesting scientific sessions have been held with speakers from the University of North Carolina and from Rocky Mount. Attendance has been good and several new members have been added to the roster. The following officers have been elected: President, Dr. Edward Holt; Vice President, Dr. J. W. Black; Secretary-Treasurer, Dr. W. T. Armstrong.

Northeastern District, Medical, Dental and Pharmaceutical Society

Newly elected officers of this group are: President, Dr. C. B. Jones, D.D.S.; Vice President, Dr. W. M. Bryant; Secretary, Dr. Horton; Treasurer, Dr. Joseph Weaver.

The next meeting of the District will be in Wilson, N. C. on the fourth Thursday in January.

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DURHAM, N. C.

STATEMENT OF CONDITION
MECHANICS AND FARMERS BANK
Durham and Raleigh, North Carolina
AT THE CLOSE OF BUSINESS OCTOBER 5, 1955

RESOURCES

Cash in Vault and Due From Banks	- - - - -	\$1,112,864.01
U. S. Government Bonds	- - - - -	2,656,827.78
State and Municipal Bonds	- - - - -	277,611.38
Other Securities	- - - - -	129,262.50
Bond Income Accrued	- - - - -	16,863.03
Loans and Discounts	- - - - -	2,543,112.63
Banking House	- - - - -	93,661.75
Furniture and Fixtures	- - - - -	32,264.85
Other Assets	- - - - -	10,877.92
TOTAL RESOURCES	- - - - -	\$6,873,345.85

LIABILITIES

Common Stock	- - - - -	\$ 225,000.00
Surplus	- - - - -	175,000.00
Undivided Profits	- - - - -	23,989.80
Reserve for Bad Debts	- - - - -	26,078.08
Reserve for Contingencies	- - - - -	22,500.00
Other Reserves	- - - - -	49,531.59
Deposits	- - - - -	6,351,246.38
TOTAL LIABILITIES	- - - - -	\$6,873,345.85

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